

STATE OF HAWAII — DEPARTMENT OF TAXATION  
General Excise/Use, Withholding,  
Transient Accommodations, Rental Motor Vehicle and  
Tour Vehicle Tax Refund  
**TRACER REQUEST FOR TAX YEAR \_\_\_\_\_**  
(See back for Instructions)

**Part I — General Information** (Complete Lines 1 through 5)

1. Taxpayer's Name	2. GE/WH/TAT/RVST I.D. Number
3. Mailing Address on the Return	4. New Mailing Address (if different)
5. Daytime Telephone Number: Residence ( ) Business ( )	

**Part II — Reason For Tracer Request**

Check box 1 **OR** 2. If box 2 is selected, also check box 2a or 2b, as applicable.

- ☐ **1** The refund check was never received.
- ☐ **2** The refund check was received but was (check ONE of the following boxes)
- ☐ Lost ☐ Stolen ☐ Destroyed ☐ Other \_\_\_\_\_

**AND**

- ☐ **2a** The refund check was NOT endorsed.
- ☐ **2b** The refund check was endorsed with (check ONE of the following boxes)
- ☐ Owner's signature ☐ Officer, Partner, or Authorized Agent signature
- ☐ For Deposit Only ☐ Pay to the Order of \_\_\_\_\_

**Part III — Declaration**

I hereby declare, under the penalties provided by sections 231-34, 231-35, and 231-36, HRS, that I have examined this request and, to the best of my knowledge and belief, they are true, correct, and complete.

Print or Type Your Name	Signature	Title	Date
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**For Office Use Only**

Check/Warrant# \_\_\_\_\_

Amount \_\_\_\_\_

Issued Date \_\_\_\_\_

COMPT VO# \_\_\_\_\_

Period \_\_\_\_\_

Tax I.D.# \_\_\_\_\_

Tax Office VO# \_\_\_\_\_

Post Date \_\_\_\_\_

**Instructions**  
**Form G-80**  
**(1997)**

**Instructions**

1. Complete Parts I through III of the Tracer Request Form and return it to the District office in which you filed your return. **PLEASE BE SURE TO TYPE OR PRINT YOUR NAME, TITLE, AND DATE IN THE SPACES PROVIDED. ALSO BE SURE TO SIGN THIS FORM.** Your request will not be processed if any requested information is missing.
2. A **"STOP PAYMENT"** will be issued on the original check when you send in this form. If you receive/find your original check after submitting this form, **DO NOT CASH THE ORIGINAL CHECK.** You must return the check to the district office where you have submitted this form.
3. You should receive information about your refund in 4 - 6 weeks.
4. Please call the respective District office where you filed your return if you have any questions. Mainland U.S.A. callers may call toll free at 1-800-222-3229.

**MAILING ADDRESSES AND TELEPHONE NUMBERS**

OAHU DISTRICT OFFICE  
Attention: Taxpayer Services Branch  
P.O. Box 259  
Honolulu, HI 96809-0259  
(808) 587-4242

MAUI DISTRICT OFFICE  
P.O. Box 1169  
Wailuku, HI 96793-6169  
(808) 984-8501

HAWAII DISTRICT OFFICE  
P.O. Box 833  
Hilo, HI 96721-0833  
(808) 974-6321

KAUAI DISTRICT OFFICE  
3060 Eiwa Street, Rm. 105  
Lihue, HI 96766-1889  
(808) 274-3456